

Laboratory Results

Results for the samples and analytes requested
The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Lab Project No. : 70100322

Received :08/07/2019 4:30

Sample Type :Drinking Water

Date Reported: 08/08/2019

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A	N/A	mg/L
				SM22 9223B Colilert	SM22 9223B Colilert	
				Absent	Absent	4
70100322001	HB27	8/7/2019 1:00:00 PM	Analysis Time	Absent	Absent	0.69
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT		8/8/2019 12:13:00 PM	8/8/2019 12:13:00 PM	8/7/2019 10:00:00 AM
70100322002	HB2	8/7/2019 8:30:00 AM	Analysis Time	Absent	Absent	1.09
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT		8/8/2019 12:13:00 PM	8/8/2019 12:13:00 PM	8/7/2019 8:30:00 AM
70100322003	HB3	8/7/2019 8:45:00 AM	Analysis Time	Absent	Absent	0.79
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT		8/8/2019 12:13:00 PM	8/8/2019 12:13:00 PM	8/7/2019 8:45:00 AM
70100322004	HB4	8/7/2019 9:00:00 AM	Analysis Time	Absent	Absent	0.41
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT		8/8/2019 12:13:00 PM	8/8/2019 12:13:00 PM	8/7/2019 9:00:00 AM
70100322005	HB5	8/7/2019 9:15:00 AM	Analysis Time	Absent	Absent	0.77
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT		8/8/2019 12:13:00 PM	8/8/2019 12:13:00 PM	8/7/2019 9:15:00 AM
70100322006	HB6	8/7/2019 9:45:00 AM	Analysis Time	Absent	Absent	1.08
Routine Distribution	Strong Oil Montauk Hwy. East	Collected by: CLIENT		8/8/2019 12:13:00 PM	8/8/2019 12:13:00 PM	8/7/2019 9:45:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

A = Air Stripper
FM = Iron/Manganese Removal
N = Nitrate Removal
G = Granular Activated
O = Other

Test results meet the requirements of NELAC
unless otherwise noted.

This report shall not be reproduced except in full,
without the written approval of the laboratory.

Stu Murrell
Stu Murrell



575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

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				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70100322007	HB7	8/7/2019 10:15:00	Analysis Time	Absent	Absent	0.98
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT		8/8/2019 12:13:00 PM	8/8/2019 12:13:00 PM	8/7/2019 10:15:00 AM
70100322008	HB8	8/7/2019 10:30:00	Analysis Time	Absent	Absent	0.67
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT		8/8/2019 12:13:00 PM	8/8/2019 12:13:00 PM	8/7/2019 10:30:00 AM
70100322009	HB9	8/7/2019 8:15:00 AM	Analysis Time	Absent	Absent	0.47
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT		8/8/2019 12:13:00 PM	8/8/2019 12:13:00 PM	8/7/2019 8:15:00 AM
70100322010	HB10	8/7/2019 10:45:00	Analysis Time	Absent	Absent	0.47
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT		8/8/2019 12:13:00 PM	8/8/2019 12:13:00 PM	8/7/2019 10:45:00 AM
70100322011	HB11	8/7/2019 11:00:00	Analysis Time	Absent	Absent	0.83
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT		8/8/2019 12:13:00 PM	8/8/2019 12:13:00 PM	8/7/2019 11:00:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

A = Air Stripper
FM = Iron/Manganese Removal
N = Nitrate Removal
G = Granular Activated
O = Other

Test results meet the requirements of NELAC
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WorkOrder :

70100322

Laboratory Certifications

Long Island Certification IDs

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350

Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

WO#: 70100322



Sample Request Form PUBLIC WATER SUPPLIER

8-7-19

Date:

8-7-19

Collected By:

G. VALENTINO

Accepted By:

[Signature]

Cooler Temp:

3.1 °C

WELL RUN TO SYSTEM

1330

YES ☐ NO VOC'S PRESERVED WITH HCI

Back At: 1630

Client Info:

Name or Code: _____
Address: _____

Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

Sample Info:

Sample Types	Purpose	Origin	Treatment Types
PW - Potable Water	RO - Routine	D - Distribution	AST - Air Stripper
GW - Groundwater	RE - Resample	RW - Raw Well	GAC - Granular Activated Charcoal
SW - Surface Water	S - Special	TW - Treated Well	N - Nitrate Removal Plant
WW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
8-7-19 1000	PW	#27	D	-	RO	.69	7.28	BACT w/CL	001
8-7-19 830	PW	#2	D	-	RO	1.09	7.12	BACT w/CL	002
8-7-19 845	PW	#3	D	-	RO	.79	7.07	BACT w/CL, CHLORIDE TITIM + HAAS	003
8-7-19 800	PW	#4	D	-	RO	.411	7.19	BACT w/CL	004
8-7-19 915	PW	#5	D	-	RO	.77	7.15	BACT w/CL	005
8-7-19 945	PW	#6	D	-	RO	1.08	7.11	BACT w/CL	006
8-7-19 1015	PW	#7	D	-	RO	.98	7.29	BACT w/CL	007
8-7-19 1030	PW	#8	D	-	RO	.67	7.28	BACT w/CL, CHLORIDE TITIM + HAAS	008
8-7-19 815	PW	#9	D	-	RO	.417	7.21	BACT w/CL	009
8-7-19 1045	PW	#10	D	-	RO	.47	7.26	BACT w/CL	010
8-7-19 1100	PW	#11	D	-	RO	.83	7.17	BACT w/CL	011

Remarks:



Sample Condition Upon Receipt

Client Name:

HBW

Project #

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals intact: ☐ Yes ☒ No

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091

Correction Factor: +0.2

Cooler Temperature (°C): 31

Cooler Temperature Corrected (°C): 33

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents: ED 8/7/19

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NO

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

			COMMENTS:
Chain of Custody Present:	☒ Yes	☐ No	1.
Chain of Custody Filled Out:	☒ Yes	☐ No	2.
Chain of Custody Relinquished:	☒ Yes	☐ No	3.
Sampler Name & Signature on COC:	☒ Yes	☐ No ☐ N/A	4.
Samples Arrived within Hold Time:	☒ Yes	☐ No	5.
Short Hold Time Analysis (<72hr):	☒ Yes	☐ No	6.
Rush Turn Around Time Requested:	☐ Yes	☒ No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	☒ Yes	☐ No	8.
Correct Containers Used:	☒ Yes	☐ No	9.
-Pace Containers Used:	☒ Yes	☐ No	
Containers Intact:	☒ Yes	☐ No	10.
Filtered volume received for Dissolved tests	☐ Yes	☐ No ☒ N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	☒ Yes	☐ No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL			
All containers needing preservation have been checked	☐ Yes	☐ No ☒ N/A	13. ☐ HNO ₃ ☐ H ₂ SO ₄ ☐ NaOH ☐ HCl
pH paper Lot #			Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, NAOH > 12 Cyanide)	☐ Yes	☐ No ☒ N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis			Initial when completed: Lot # of added preservative: Date/Time preservative added
Samples checked for dechlorination:	☐ Yes	☐ No ☒ N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #			
Residual chlorine strips Lot #			
Headspace in VOA Vials (>6mm):	☐ Yes	☐ No ☒ N/A	15.
Trip Blank Present:	☐ Yes	☐ No ☒ N/A	16.
Trip Blank Custody Seals Present	☐ Yes	☐ No ☒ N/A	
Pace Trip Blank Lot # (if applicable):			

Client Notification/ Resolution:

Field Data Required?

Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: